

03-16-01

A

PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Please type a plus (+) sign inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))	Attorney Docket No.	00B013
	First Inventor or Application Identifier	Bennett, et al.
	Title	Online Purchasing System Supporting Sellers With Affordability Screening
	Express Mail Label No.	EL541893536US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
---	--

- | | |
|---|---|
| 1. <input type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. <input checked="" type="checkbox"/> Specification [Total Pages <u>54</u>]
(preferred arrangement set forth below)
- Descriptive title of the invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the invention
- Brief Summary of the invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>13</u>]
4. <input type="checkbox"/> Oath or Declaration [Total Pages <u> </u>]
a. <input type="checkbox"/> Newly executed (original or copy)
b. <input type="checkbox"/> Copy from prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). | 5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
6. Nucleotide and/or amino Acid Sequence Submission (if applicable, all necessary)
a. <input type="checkbox"/> Computer Readable Copy
b. <input type="checkbox"/> Paper Copy (identical to computer copy)
c. <input type="checkbox"/> Statement verifying identity of above copies |
|---|---|

ACCOMPANYING APPLICATION PARTS

- | |
|---|
| 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
8. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney
(when there is an assignee)
9. <input type="checkbox"/> English Translation Document (if applicable)
10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449
<input type="checkbox"/> Copies of IDS Citations
11. <input type="checkbox"/> Preliminary Amendment
12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. <input type="checkbox"/> *Small Entity Statement(s) (PTO/SB09-12)
<input type="checkbox"/> Statement filed in prior application, Status still proper and desired
14. <input type="checkbox"/> Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. <input checked="" type="checkbox"/> Other: <u>Small Entity status claimed</u> |
|---|

*NOTE FOR ITEMS 1 & 13 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: / /

Prior application information: Examiner

Group/Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

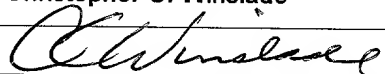
17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name	Christopher C. Winslade				
Address	3122 North Seminary Avenue #3 South				
City	Chicago	State	IL	Zip Code	60657
Country	U.S.A.	Telephone	312-707-8889	Fax	312-707-9155

Name (Print/type)	Christopher C. Winslade	Registration No. (Attorney/Agent)	36,308
Signature		Date	March 14, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.